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ECHO.....

Introduction of HIV post-exposure prophylaxis for sexually abused children in Malawi

J C Ellis, S Ahmad, E M Molyneux



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Aims: To improve the care of children who are victims of child sexual abuse (CSA) by routinely assessing eligibility for HIV post-exposure prophylaxis (PEP) and to investigate the feasibility, safety, and efficacy of such treatment started in a paediatric emergency department in Malawi.

Methods: Children presenting to the Queen Elizabeth Central Hospital, Blantyre between 1 January 2004 and 31 December 2004 with a history of alleged CSA were assessed for eligibility for HIV PEP and followed prospectively for six months.

Results: A total of 64 children presented with a history of alleged CSA in the 12 month period; 17 were offered PEP. The remainder were not offered PEP because of absence of physical signs of abuse ($n = 20$), delay in presentation beyond 72 hours from assault ($n = 11$), repeated sexual abuse in the preceding six months ($n = 15$), and HIV infection found on initial testing ($n = 1$). No family refused an HIV test. No side effects due to antiretroviral therapy were reported. Of the 17 children commenced on PEP, 11 returned for review after one month, seven returned at three months, and two of 15 returned at six months post-assault. None have seroconverted.

Conclusions: In a resource-poor setting with a high HIV prevalence, HIV PEP following CSA is acceptable, safe, and feasible. HIV PEP should be incorporated in to national guidelines in countries with a high community prevalence of HIV infection.

▲ *Archives of Disease in Childhood* 2005;**90**:1297–1299.